Application Data Sheet 932.1351 1AP20 Recid Formo 23 JAN 2006

### **Application Data Sheet**

#### **Application Information**

·Ann	lication	number::
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Filing Date::

**Application Type::** 

Regular

**Subject Matter::** 

Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

None

Computer Readable Form

No

(CRF)?::

Number of copies of CRF::

Title ::

CONTAINER FOR PIZZAS AND THE

LIKE

**Attorney Docket Number::** 

932.1351

Request for Early Publication?::

Request for Non-Publication?::

No No

**Suggested Drawing Figure::** 

**Total Drawing Sheets::** 

3

**Small Entity?::** 

Yes

Latin name::

Variety denomination name::

Petition included?::

No

**Petition Type::** 

**Licensed US Govt. Agency::** 

**Contract or Grant Numbers::** 

Secrecy Order in Parent Appl.?:: No

#### **Applicant Information**

Applicant Authority Type::

Inventor

**Primary Citizenship** 

Spain

Country::

Status::

Full Capacity

Given Name::

Pere

Middle Name::

Family Name::

Teixidor Casanovas

Name Suffix::

City of Residence::

Esparreguera

State or Province of

Residence::

**Country of Residence::** 

Spain

Street of mailing address::

Pol. Ind. Can Roca, Parcel la 2

City of mailing address::

Esparreguera

State or Province of mailing address::

Country of mailing

Spain

address::

Postal or Zip Code of

08292

mailing address::

**NOTE:** Repeat this information for each inventor or other applicant. Non-Inventor applicant information such as legal representative of a deceased inventor should follow the inventor(s) for whom the applicant is acting.

### **Correspondence Information**

**Correspondence Customer** 21831 Number :: Name:: Street of mailing address:: City of mailing address:: State or Province of mailing address:: Country of mailing address:: Postal or Zip Code of mailing address:: (212) 768-3800 Phone number:: Fax Number: (212) 382-2124 E-Mail address:: pto@steinbergraskin.com

# **Representative Information**

Representative Customer	21831	
Number::		

# **Domestic Priority Information**

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/IB03/03450	07/23/03

## **Assignee Information**

Assignee name::

Videcart, S.A.

Street of mailing

Ctra. de Aoiz s/n

address::

City of mailing address:: Ibricu de Egües

State or Province of mailing address::

Country of mailing

Spain

address::

Postal or Zip Code of

31486

mailing address::